

## Joint Clinical Research Board

Monday 17<sup>th</sup> September 2018  
BCI Boardroom Charterhouse Square

**Members present:**

Coleen Colechin (CC)  
Sandra Eldridge (SE)  
Deanna Gibbs (DG)  
Hemant Kocher (HK)  
Nick Lemoine (NL)

Gerry Leonard (GL)  
Jo Martin (JM)  
Rupert Pearse (RP), Chair  
John Prowle (JP)  
Anju Sahdev (AS)

**In attendance:**

William Ajala (WA)  
Paul Astin (PA)  
Nick Good (NG)

Mays Jawad (MJ)  
Jo Morgan (JMO)  
Erutase Oputo (EO) – by telephone

**Apologies:**

Amrita Ahluwalia  
Sharon Barrett  
Mark Caulfield  
Lyn Chitty  
Jack Cuzick  
Stephen Kelly  
Kieran McCafferty

Neeta Patel  
Mauro Perretti  
Steffen Petersen  
Felicity Sartain  
Anthony Warrens  
Tim Warner

Agenda Item	Action
<p><b>1. Minutes and Actions from the last meeting</b></p> <p>RP opened the meeting. The minutes of the last meeting were agreed. Actions from that meeting:</p> <ul style="list-style-type: none"> <li>(i) GL to report to the JCRB in September on use of RCF funding for maternity cover. There is no update on this at present. GL will confirm the new position as soon as it's known. It was agreed that there is no point having this as a recurring action when it is essentially outside of our control.</li> <li>(ii) SE to circulate information on the next NIHR senior investigators competition as soon as it is announced. Completed.</li> <li>(iii) All Institute Directors to contact SE with suggested candidates to apply for NIHR senior investigators. She will then contact those individuals. Completed.</li> <li>(iv) NG to invite FS to future JCRB meetings. Done.</li> <li>(v) NG to send MJ the draft Research Misconduct Procedure for review. MJ confirmed that she had reviewed it.</li> <li>(vi) Once reviewed, NG to proceed to put the draft Research Misconduct Procedure to both QMUL and BH HR Depts and then obtain sign-off by both BH and QMUL.</li> </ul>	

<p>Completed but review still outstanding (see item 8 below)</p> <ul style="list-style-type: none"> <li>(vii) NG to arrange for RP to meet AS, EO and JM to work through the detail of Pharmacy difficulties, agree on a common understanding of the position and a way forward. See discussion at 2 below.</li> <li>(viii) MJ to ensure the Sponsorship Oversight Group minutes be updated as per this discussion with HC. Completed.</li> <li>(ix) MJ to review the idea of a trend analysis in the Portfolio report. This remains under review.</li> <li>(x) NG to ensure the Key Metrics document is an Agenda item for discussion at the next meeting. See 4 below.</li> </ul>	
<p><b>2. Pharmacy update</b></p> <p>RP said that it was his understanding that both the staff funding and premises issues were in the process of being resolved.</p> <p>JMO said that Pharmacy is still behind on study set-up and she had expected that this would have improved more noticeably by now.</p> <p>AS said that the agreed plan is being worked, October-November was the target for being up-to-date, and all studies are now being actively assessed.</p> <p>EO said that staff are in post now but they still need a lot of guidance from JRMO – this has actually had beneficial effect of increasing dialogue and improving the working relationship that had become strained. MJ agreed that the relationship between the JRMO and Pharmacy was much improved.</p> <p>EO said that it should also be noted that they are still recruiting and using staff bank and this will continued as junior pharmacists do not stay in post long; having some turn over will always be an issue. MJ commented that we have also now lost the Sponsor Pharmacist which increases the workload.</p> <p>There was a short discussion behind the reasons for this, AS said that this was not a Barts Health specific issue and that was generally agreed. RP asked EO to look into improving service efficiency. It was felt that we might be able to explore other ways to make it more attractive for Pharmacists to work at BH.</p> <p>GL said that there is no appreciable increase in the cases going to Pharmacy so the agreed resources should remain adequate, once the backlog is resolved. AS agreed but said that getting through that backlog remained a real issue. CC said that she thought resolving the backlog had been factored into the plan already agreed.</p> <p>AS said yes it has but once that immediate issue is resolved the next layer of the problem is training and recruiting staff.</p> <p>RP summarised the position and said that the Trust Board, and this Board, expected the situation to be resolved. Resources had been made available to recruit and train staff and</p>	

<p>research income, dependent on pharmacy set-up, was crucial to wider Trust plans.</p> <p><b>ACTION:</b> RP asked NG to ensure that the Trust Risk Register is updated to represent the 2 continuing facets of the Pharmacy risk situation: staff and accommodation.</p> <p>RP said that it was important that key players met up ASAP, with Alistair Chesser (he has offered to chair such a meeting), to ensure that specific actions are identified along with specific timelines.</p> <p><b>ACTION:</b> JMO and AS to work together to have a meeting with key players, including RP and Alistair Chesser</p> <p><b>ACTION:</b> RP to follow up with Trust Estates on the new accommodation matter.</p>	<p><b>NG</b></p> <p><b>JMO &amp; AS</b></p> <p><b>RP</b></p>
<p><b>3. Barts Health research strategy</b></p> <p>RP updated the Board by saying that the draft document he was working on had now been widely circulated and was substantively discussed last week at the Barts Health Research Board (BHRB).</p> <p>This strategy is an update but its difference is that it exists within the context of other strategies that impact on research: the Commercial Strategy and Life Sciences Strategy. RP is attempting to create some specific deliverable: eg, appointing clinical academics in areas where additional clinical input could assist; improving the Pharmacy service; and plans to increase the Trust’s commercial research portfolio.</p> <p>Another element is increasing research activity amongst NMAHPs and this in turn co-ordinates with strategy being developed in that area by the NMAHP hub. NL and others welcomed this.</p> <p>RP concluded by saying that the strategy was very ambitious and it would be success if we achieve 70% or more of the objectives. We should not consider it a failure if not all targets are met although all are important. This positive approach was welcomed.</p>	
<p><b>4. Key metrics</b></p> <p>NG reported that the draft paper previously circulated on this point had been recirculated. RP said that the point was to get some useful indicators that we all agreed on, and which could relatively easily be sourced and updated by the JRMO, publicly available. NG suggested that, subject to any confidentiality issues, this information could be put on the JRMO website. That would increase its accessibility.</p> <p>SE commented that it would be helpful if these stats related to the kind of things the NIHR asked for in major grant applications, by way of institutional background. RP agreed with this.</p> <p><b>ACTION:</b> SE to send NG a list of the kind of information NIHR routinely requests.</p> <p><b>ACTION:</b> Others, particularly MJ, CC and GL, to review the Key Metrics list and propose any changes that would be easier to deliver. NG will then co-ordinate.</p> <p>RP reiterated that the point of this was to produce meaningful data that would be helpful for researchers writing institutional statements and similar, which can be relatively easily</p>	<p><b>SE</b></p> <p><b>CC, MJ, GL etc</b></p>

<p>updated as appropriate (depending on the type of data that might be annually, quarterly, etc).</p>	
<p><b>5. JRMO research activity</b></p> <p>MJ said that she had circulated the usual papers and welcomed the opportunity to present some of the information in person. She set out various JRMO staff and administrative changes, including changes to JRMO generic emails accounts. A ReDa to EDGE migration is planned but date to be confirmed. Trust finance data will also then be held on EDGE and support training is being arranged.</p> <p>Research Governance team members are now being designated to specific (NIHR) divisions. MJ reminded members that all data sheets now have to be GDPR compliant and GDPR training is now being included within general GCP training.</p> <p>The research support survey went out in June and 72 responses were received. Training featured highly in responses received, along with greater resource to help with grant applications. The JRMO is working on these matters.</p> <p>We have still not received an inspection notification but anecdotally, from other Trusts, we are not alone in this delay.</p> <p>RP thanks MJ for a useful update.</p>	
<p><b>6. Network changes</b></p> <p>GL reported that since the last meeting a new COO had been appointed, Paula Aubrey, and the Clinical Director, Lyn Chitty, had resigned WEF end October. Recruitment to the Clinical Director post was in hand. GL would be part of a stakeholder panel meeting candidates in mid-October.</p> <p>GL read through some additional highlights of recent CRN/ Trust performance send to him by Sharon Barrett:</p> <ul style="list-style-type: none"> <li>• Sharon Barrett (COO) will be pulling together data from the annual report 2017/18 and annual plan 2018/19 for Trust Host approval</li> <li>• CRN North Thames have slipped into 4<sup>th</sup> position nationally behind South London, Greater Manchester &amp; Yorkshire &amp; Humber</li> <li>• Barts Health, for the 1<sup>st</sup> time has fallen into 2<sup>nd</sup> position behind UCLH. We feel this is attributed to the drop in recruitment in Genes &amp; Health (due to sickness) and Sharon Barrett will be meeting Lead recruiter next week for an update.</li> <li>• Barts has 937 portfolio studies open to recruitment at the moment and the Barts Bio-repository (IRAS IS: 130281) leads with 937 recruits so far this year.</li> <li>• Delays in study set up at Barts remains a key priority of us and we will continue to work with the senior team at Barts R&amp;D to resolve/support where possible.</li> </ul> <p><b>ACTION:</b> NG to invite Paula Aubrey to attend the next, and future, JCRB meetings.</p> <p><b>ACTION:</b> NG to include an update on key network changes in the next Research News Bulletin.</p>	<p><b>NG</b></p> <p><b>NG</b></p>

<p><b>7. CRC update</b></p> <p>GL reported that contractors should have started work on the new RLH-CRC today. The premises were cleared out with help from staff in the JRMO. The new unit should be operational by the end of January 2019.</p> <p>CC added that JMO is now taking over from PA as CRC/F Operational Manager. PA will return to his original role as Business Manager. This arrangement will fit better with both people's skill sets.</p>	
<p><b>8. Research Misconduct</b></p> <p>NG reported that he was arranging for the Draft SOP to go to both Senate and Trust Policy Committee in October. This was on schedule. He said that he had experienced issues getting both QMUL and Trust HR Depts to review the SOP but had been promised a response by QMUL very shortly.</p> <p>JM said that the SOP should be sent to TME irrespective of any Trust HR input. It was agreed that pushing it forward and getting both the Policy and Procedure in place was essential; we could not be held hostage by lack of HR engagement.</p> <p><b>ACTION:</b> NG to push ahead and get the Research Misconduct policy and procedure implemented ASAP.</p>	<b>NG</b>
<p><b>9. Future meeting</b></p> <p>NG suggested that, as there are as yet no planned dates for 2019, a review of whether quarterly meetings remained appropriate was in order. Changes re the BHRB were also pertinent. RP agreed that a review was appropriate but said that as the frequency of BHRB meetings had yet to be determined. There was a general discussion and the outcome was that quarterly meetings, along the lines of those in 2018, should be arranged for 2019.</p> <p><b>ACTION:</b> NG to arrange and confirm quarterly meeting slots for 2019.</p>	
<p><b>10. AOB</b></p> <ul style="list-style-type: none"> <li>• There were no comments on the other, performance-related papers MJ had circulated.</li> <li>• RP asked for a list of RCF applications, setting out who got what, for the next meeting.</li> </ul> <p><b>ACTION:</b> GL to draw together a list of this year's RCF awards, specifying amounts, relevant CB and Site.</p>	<b>GL</b>
<p><b>11. Next meeting</b></p> <p>10<sup>th</sup> December, Whitechapel.</p>	
<p><b>12. Summary of forward Actions</b></p>	<b>NG</b>

(i)	NG to ensure that the Trust Risk Register is updated to represent the 2 continuing facets of the Pharmacy risk situation: staff and accommodation.	<b>JMO &amp; AS</b>
(ii)	JMO and AS to work together to have a meeting with key players, including RP and Alistair Chesser.	<b>RP</b>
(iii)	RP to follow up with Trust Estates on the new Pharmacy accommodation matter.	<b>SE</b>
(iv)	SE to send NG a list of the kind of information NIHR routinely requests.	<b>All, but specifically MJ, CC, GL</b>
(v)	Others, particularly MJ, CC and GL, to review the Key Metrics list and propose any changes that would be easier to deliver. NG will then co-ordinate.	<b>NG</b>
(vi)	NG to invite Paula Aubrey to attend the next, and future, JCRB meetings.	<b>NG</b>
(vii)	NG to include an update on key network changes in the next Research News Bulletin.	<b>NG</b>
(viii)	NG to push ahead and get the Research Misconduct policy and procedure implemented ASAP.	<b>GL</b>
(ix)	GL to draw together a list of this year's RCF awards, specifying amounts, relevant CB and Site.	

NG  
20<sup>th</sup> September 2018